

MEDICATION POLICY

Any prescription medication to be given at Kids Come 1st should be sent in the original prescription bottle as it came from the pharmacy with the label intact. **ONLY PRESCRIBED MEDICATION FROM A DOCTOR MAY BE ADMINISTERED**.

The medication should be accompanied by written authorization for Kids Come 1st staff to administer the medication. The authorization for the personnel must include the following information: NAME OF CHILD, NAME OF MEDICATION, AMOUNT TO BE GIVEN, TIME TO BE GIVEN, NUMBER OF DAYS AND/OR DOSES, and SIGNATURE OF PARENT/GUARDIAN.

MEDICATION RELEASE

Child's Name

Name of M	edication							
Amount to l	oe given_	The state of the s						
Time(s) to b				Y				
Number of								
Parent/Guar								
Date of Aut								
			R STAFF 1					
DATE	TIME	DOSAGE	INITIALS	DATE	TIME	DOSAGE	INITIALS	
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MEDICATION RELEASE

Child's Name

Name	of Medicatio	n Diag		rlam						
Amou	Amount to be given NOT AS NEEDED Diaper Changes									
Time	s) to be giver	n (NOT AS NE	EEDED)_	Diape	r Cho	mals				
Numl	er of Days/D	oses				· · · · · · · · · · · · · · · · · · ·				
Paren	t/Guardian Si	gnature								
Date	of Authorizat	ion			A-4					
		FOI	R STAFF T	О СОМР	LETE					
DA	TE TIME	DOSAGE	INITIALS	DATE	TIME	DOSAGE	INITIALS			
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Staff Initi	als Key:									
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MEDICATION RELEASE

Child's Name

Name of Medication Diaper Wipes									
Amount to be given enough to clean area									
Time(s) to be given	(NOT AS NI	EEDED)	Diape	r cho	inges				
Number of Days/D	oses		_						
Parent/Guardian Si	gnature								
Date of Authorizat	on								
FOR STAFF TO COMPLETE									
DATE TIME	DOSAGE	INITIALS	DATE	TIME	DOSAGE	INITIALS			
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